**APPLICATION FOR ETHICAL APPROVAL**

**FOR A RESEARCH PROJECT**

This is an application form for ethical approval to undertake a piece of research. Ethical approval must be obtained for any piece of research to be undertaken by any student or member of staff of College of Natural Resources (CNR). Approval must also be obtained by any external researcher who wishes to use CNR’s students or staff as participants in their research. The person filling this form must be the Principal Investigator (in the case of staff research) or the student (in the case of student research). In the case of collaborative research, project leader is responsible to obtain ethical approval.

Please note this form should be filled in and must be submitted (completed, with signatures) through Head of the Department to the Research Officer, Office of the Dean of Research and Industrial Linkages.

Researchers and students are encouraged to read *Zhib Tsoel* chapter on “Research Ethics: Regulations, Procedures, and Guidelines” before completing the form.

|  |  |
| --- | --- |
| **Ref. Number** |  |
| **Assigned Reviewers** |  |
| **Outcome** | **Granted**  **Amendments**  **Rejected** |

**For CRC’s use only**

**Section A: Applicant details**

1. Researcher’s name:
   1. Category: Student/Staff/External guest
   2. Contact No:
   3. Contact email:
2. Category of researcher (please tick and enter the details as appropriate):

|  |  |
| --- | --- |
|  | undergraduate student |
|  | Name of the Department/Programme: |
|  | Postgraduate student: |
|  | Name of the Department/programme: |
|  | Staff member |
|  | Staff member for collaborative project |
|  | Other (please specify) |
|  | Details: |

1. Subject area:
2. Name of Supervisor (if applicable):
3. Names and affiliations of all other researchers who will be working on the project:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *First name* | *Last name* | *Position* | *Affiliation* | *Role on project* |
|  |  |  |  |  |
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|  |  |  |  |  |

**Section B: Research details**

1. Title of study:
2. Expected start date:
3. Expected end date:
4. Project registration No:
5. Details of any grants/funding/financial support for the project:
6. Do you plan at any stage of the project to undertake research involving human as participant?

 Yes No

1. Do you plan to include any participants who are children?

 Yes No

*\*if you plan to recruit participants aged under 18. Please ensure to enclose any explanatory material for* their consent or agreement/assent for *parents and children.*

1. Do you plan at any stage of the project to work with human tissue samples (or other human biological samples) and data?

 Yes No

*\*If yes, please ensure to enclose any explanatory material for* their consent or agreement/assent.

**Section C: Overview of the research**

1. Summary of the study.

*Please provide a brief summary of the research (maximum 300 words)* ***using language easily understood by reviewers of any discipline and members of the public.***

*This text box will expand as required.*

1. Summary of main issues.

*Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them.*

*This text box will expand as required.*

1. What is the principal research question/objective/aim?

*Please put this in language comprehensible to a reviewer of any discipline.*

*This text box will expand as required.*

1. What is the academic/scientific justification for the research?

*Please put this in language comprehensible to a lay person.*

*This text box will expand as required.*

**Section D: Design and Methodology**

1. Research procedures to be used (*please tick all that apply)*.

|  |  |
| --- | --- |
| **Tick if applicable** |  |
|  | Questionnaires (*please attach copies of all questionnaires to be used*) |
|  | Interviews (*please attach interview schedule and topics to be explored*) |
|  | Focus groups (*please attach interview schedule and copies of materials to be used*) |
|  | Use of materials that are subject to copyright (*please include full details*) |
|  | Use of biological materials: *please include risk involved where appropriate)* |
|  | Other(s) if any |

1. Please summarise your design and methodology.

*It should be clear exactly what will happen to the research participant for research involving human participants.*

*This text box will expand as required.*

1. Does your research include the experimental use of live animals?

 Yes No

*If yes, please note that the university may not be insured to experiment on live animals. Please consult CRC well in advance for insurance coverage etc.*

1. Does your research involve experimenting on plant or animal matter, or inorganic matter?

 Yes No

*If yes, please. Please consult CRC well in advance for relevant approval etc.*

1. Does your research include the analysis of documents, or of material in non-print media, other than those which are freely available for public access?

 Yes No

**If yes,** Describe its ownership, your rights of access to it, the permissions required to access it and any ways in which personal identities might be revealed or disclosed. Describe any measures required to safeguard the anonymity.

*This text box will expand as required.*

1. Who will have access to participants’ personal data during the study?

*Where access is by individuals outside the research team or direct care team ( for example, research related to health record etc), please justify whether consent will be sought.*

*This text box will expand as required.*

1. How long will personal or personally identifiable data be stored or accessed after the study has ended?

 Less than 3 months

 3 – 6 months

 6 - 12 months

 12 months – 3 years

 Over 3 years

*It is recommended that data containing personal details that would lead to the identification of participants should be destroyed* ***as soon as possible****.*

1. Please give details of the arrangements for storage of research data after the study has ended.
2. Who will have control of and act as the custodian for the data generated by the study?

*This text box will expand as required.*

1. Will the research participants receive any payments, reimbursements of expenses or any other benefits or incentives for taking part in this research?

 Yes No

If Yes, please give details.

*This text box will expand as required.*

1. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?

 Yes No

If Yes, please give details.

*This text box will expand as required.*

**Section E: Risks and benefits**

1. Give details of all procedure(s) or intervention(s) that will be received by participants as part of the research protocol?

*These include seeking consent, interviews, observations and use of questionnaires.*

Please complete the columns for each procedure/intervention as follows:

1. Total number of procedures/interventions to be received by each participant as part of protocol.
2. Average time taken per procedure/intervention (minutes, hours or days)
3. Details of who will conduct the procedure/intervention, and where will it take place.

|  |  |  |  |
| --- | --- | --- | --- |
| *Procedure or intervention* | *1* | *2* | *3* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. How long do you expect each participant to be in the study in total?

*Duration of participation should be calculated from when participants give informed consent until their last contact with the research team*.

*This text box will expand as required.*

1. What are the potential risks and burdens for research participants and how will you minimise them?

*For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Mention what steps would be taken to minimise risks and burdens as far as possible.*

*This text box will expand as required.*

1. Will interviews/ questionnaires or group discussions include topics that might be sensitive or criminal in nature or other disclosures requiring specific protection during the study?

 Yes  No  Not applicable

If Yes, please give details of procedures in place to deal with these issues:

*This text box will expand as required.*

1. What is the potential for benefit to research participants?

*This text box will expand as required.*

**Part F – Attachments**

Please check the boxes as appropriate to indicate which of the following documents are enclosed to this application.

|  |  |
| --- | --- |
| (1) Full research proposal including any questionnaire and/or interview script(i) |  |
| (2) Parent/Guardian Consent Form |  |
| (3) Informed Consent Form/Information Sheet(ii) |  |
| (4) Consent script, for oral consent or email reply for consent(ii) |  |

Notes: (i) Mandatory; (ii) Mandatory unless waiver has been applied for or no data collection is being undertaken.

**Section I: Declarations by applicant**

1. Having completed all the relevant items of this form and, if appropriate, having attached the Information Sheet and Consent Form and any other relevant documentation as indicated below, complete the statement below.

* I have read RUB’s research policy “Zhib Tsoel” document on “Research Ethics: Regulations, Procedures, and Guidelines”.
* The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.
* In my view this research is:

|  |  |
| --- | --- |
| *Please tick* | *See Research Ethics Guidelines* |
|  | Non-invasive |
|  | Minor invasive |
|  | Major invasive |

* I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

1. **In case of student,** show the completed form to your supervisor and ask them to sign the statement below. If you are a member of staff, sign the statement below yourself.

* I am the supervisor for this research.
* *In my view* this research is:

|  |  |
| --- | --- |
| *Please tick* | *See Research Ethics Guidelines* |
|  | *Non-invasive* |
|  | *Minor invasive* |
|  | *Major invasive* |

* I have read this application and I approve it.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For all applicants,** submit the completed form to respective section Heads for information and record, if you are an external researcher, submit the completed form to the research officer for CRCs approval. **You** **should not proceed with any aspect of your research which involves the use of participants, or the use of data which is not in the public domain, until you have been granted Ethical Approval.**

**For completion by College Research Committee:**

*Either*

** This application is referred back to the applicant for the following reason(s):

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Head of the College)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Or*

Please tick **one** of the alternatives below:

** this application is found to be acceptable BUT additional evidences/external agencies consent is required for Ethical Approval and should now be submitted to a relevant external committee, if any.

** Ethical Approval for this research is granted.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Head of the College)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Copy of this form should be retained by the research officer and the database be maintained for record at the office of the Dean of Research and Industrial Linkages.**

**Date application returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**